

CLAIMS ONLY						Application Number 10006964	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	cancel						51
2	1						52 cancel
3	cancel						53 1
4	1						54
5							55 cancel
6	cancel						56
7	1						57 cancel
8	cancel						58
9	1						59 cancel
10	1						60 cancel
11							61
12	cancel						62 cancel
13	1						63 1
14	cancel						64 1
15	1						65 1
16							66 1
17	cancel						67 1
18							68 1
19	1						69
20	cancel						70
21	1						71
22	cancel						72
23	1						73
24	cancel						74
25	1						75
26	1						76
27	1						77
28	1						78
29	1						79
30							80
31	cancel						81
32	1						82
33	cancel						83 cancel
34	1						84
35	cancel						85
36							86
37	1						87
38	1						88 cancel
39	cancel						89
40	1						90 cancel
41	cancel						91 1
42	1						92 1
43	1						93 1
44	1						94 1
45	1						95 1
46	1						96 cancel
47	1						97 1
48	1						98 cancel
49							99
50	cancel						100 cancel
Total Indep	5						Total Indep
Total Depend	61						Total Depend
Total Claims	66						Total Claims

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
101	cancel						51	
102	1						52	
103	1						53	
104	1						54	
105	1						55	
106	1						56	
107	1						57	
108	1						58	
109	cancel						59	
110	1						60	
111	cancel						61	
112	1						62	
113							63	
114	cancel						64	
115	1						65	
116	cancel						66	
117	1						67	
118	1						68	
119	1						69	
120	1						70	
121	1						71	
122							72	
123	cancel						73	
124	1						74	
125	1						75	
126	cancel						76	
127							77	
128							78	
129							79	
130							80	
131							81	
132	1						82	
133	1						83	
134	1						84	
135							85	
136							86	
137							87	
138							88	
139							89	
140							90	
141	1						91	
142	1						92	
143	1						93	
144	cancel						94	
145							95	
146							96	
147							97	
148							98	
149							99	
150							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	